1. PLACE OF DEATH	(1/4)
County yarell	Registration Dist. No. 162
Village of City Lennings	NoSt.,Ward
langth of rasidence in city or town where death occurred 15 yes	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Suliaetha Bakes	
	If U. S. Veteran, specify WAR
(a) Residence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. Tremale While 5. SINGLE, MARRIED, WIDOWEO. OR PHYSICAL WORLD	
5a. If marriad, widowed, or diverged HUSBANO of (or) WIFE of Lloid My Baken	22. OHEREBY CERTIFY That I ettanded daceased from 1937, to 1937 death is said
7. AGE Yaars Months Oays If LESS than	
//C / C 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cicele Reflu evolocardeles afiz
9. Industry or business in which work was dona, as SILK MILL.	amony Cause of the acute reptic andocer-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Oate dacaasad last workad at this occupation (month and year) 11. Total time (years) spant in this occupation	ditis: Influence; duration, ten days.
12. BIRTHPLACE (city or town) CH A (State or country)	Other Coutributory Causes of importanca:
13. NAME Isel Orendard	
13. NAME Jal Chendurf 14. BIRTAPLACE (city or town) Oll A (Stata or country)	Name of operation
15. MAIOEN NAME Barbera Ellan Billing	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Jacke a Ellan Billing 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?Oate of injury
17. INFORMANT Lloid OW Baker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 19.7	Mannar of injury
Mal Den' Til	Neture of injury
19. UNDERTAKER WIM MUNULUYS	24. Was disaasa or injury in any way ralated to occupation of daceased?
20. FILED May 2, 1937 674 Gill	(Signad) 19 19 M. D.

V. S. No. 1

-WRITE PLA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage JUN 4 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-C	CERTIFICATE	OF	DEATH
DEATH			(R)		

P	A	0	43
U	4	0	0

1. PLACE OF DEATH		(3)	1//
County Yau		Registration Dist. No	166
Village or City Qu	erg haved	NoNoNoNoNoNoNoNoNoNo	St., Ward
Length of residence in city or town where	deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME	med Bauman	1f U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 5	, 193_7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		me in 34 Mar	y) (Year) I attended deceased from
6. DATE OF BIRTH (month, day, end year)	7au .5 1937	I last sew h elive on	, 19 ; death is said
7. AGE Years Months	Deys If LESS then I day, Qhrs.	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance as follows:	
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	name	Slice Born (Jum. A)	Date of onset
- I ma occupation (month and	11. Totel time (yeers) spent in this	Janson on lord	
yeer)	land mL	Other Contributory Causes of Importance:	
1	dia Bann		
13. NAME A A A A A A A A A A A A A A A A A A	receire	Name of operation	Dete of
(State of Country)	nu a	Whet test confirmed diagnosis?	as there an autopsy?
15. MAIDEN NAME A A A A A A A A A A A A A A A A A A	mel mel	23. If death wes due to external ceuses (VIOLENCE) fill in elso t Accident, suicide, or homicide? Dete of in Where did injury occur?	jury, 19
17. INFORMANT Name Fig. (Address)	astang me	(Specify city or town, cot Specify whether injury occurred in INDUSTRY, in HOME, or in	Inty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE LONGUELLE MO	1. Dete May 6, 1937	Menner of injury	
19. UNDERTAKER Cased	J. mel	24. Wes disease or Injury in eny wey releted to occupetion of de	eceesed?
20. FILED Con le , 19 3 7	Inlia Rowan Registrar.	(Signed) Carkand	M. D.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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E	xample I	-	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 1 931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BINE SH V S	July 5,1927	Peritonitis	3 days ago
	nontine			
Other contributory causes	of importance:	100	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

Jo	pln	220	1
item	sho) jo	
D. Every	SICIANS	tatement	
RECOR	7. PHY	Exact si	
DING INK-THIS IS A PERMANENT RECORD. Every item of	1. AGE should be stated EXACTLY. PHYSICIANS should	so that it may be properly classified. Exact statement of OCC	
IS A PE	stated E	properly	uctions on back of certificate.
HIS	pe	pe	Jo
KIL	plnoy	may.	back
G IN	AGE S	that it	no suo
DI	4	08	ucti

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TION is very important.

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6. E 7. /

nfor-state JPA-

. PLACE (E OF MAR	RYLAND-	-CERTIFICATE	OF DEA	ATH	5484
County	Garrett			(13)	Registration	Dist. No.	169
	City Swanto	n, Md.	35 yrs mo	No. If death occurred in a hospitator instit sds. How long in U.S. if	ution, give its NAM	E instead of street	,Ward
		Swanton, (Usualplace	Md.	If U. S. Veteran,		give city or town	and State
PERSO	NAL AND STAT	TISTICAL PART	CULARS	MEDICAL C	ERTIFICATI	OF DEAT	Н
ex Male	4. COLOR OR RAC		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	May (Month)	17,	, 193 ⁷ 7
If marriad, wide HUSBAND of (or) WIFE of	wed or divorced Hattle A	May Brobst		22. COLIMERES		Y That I atten	` '
ATE OF BIRTH	(month, day, and yaar)	June 24,	1871	I last saw halive on	may.	6	death Is sain
	ears Mont		If LESS than 1 day hrs.	to have occurred on the date stet The PRINCIPAL CAUSE OF DER			Date of onset

8. Trada, profession, or particular kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, OWN SAW MILL, BANK, etc. 11. Total tima (years)
spent in this
occupation 10. Data deceased last worked at this occupation (month and]

Swanton. 12. BIRTHPLACE (city or town) (State or country) Garrett Co..

13. NAME William

FATHER Fayette Co. 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME Lavina Lish

Garrett 16. BIRTHPLACE (city or town) (State or country)

Mrs. 17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Date May 20,

19. UNDERTAKER (Address) Oa

20. FILED Registrar. Neme of operation ___

What test confirmed diagnosis?_____ Was there an autopsy?___ 23. If death was due to axternal causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?_______ Dete of Injury________19_____

Where did injury occur?_____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury_.

24. Was disease or injury In any way

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE

S. No.

m

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Example I	H	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis 7 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of in	s pr	CCU	
tem	shou	o je	
ery i	NS	ent (
. Ev	ICIA	teme	
ORD	HYS	t sta	
RECO	P	Exact	
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RM	XA	clas	
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IS	stat	prop	certi
HIS	be	be	Jo
L	pino	may	back
INK	E sh	ıt it	on
ING	AG	o tha	tions
FAD	ied.	ns, si	truc
ND	lddn	tern	e ins
H	lly s	plain	Se
, W	refu	l in]	tant
NLY	oe ca	ATE	npor
LAT	nld l	DE	TION is very important. See instructions on back of certificate.
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RIT	tion	ISO	NO
-	ma	S	TI

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF DEA)
	County Garre	tt			Registration Dist. No. 34 166	
	Village or City Oak	cland, M	ld.		NoSt	Ward
	Length of residence in ci	ity or town where o	leeth occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME Me				If U. S. Veteran, specify WAR	
	(a) Residence: No.	Crellin,			St., Ward.	
_	PERSONAL AN	D CTATICT	(Usual place		If nonresident give city or town and State	
3.		R OR RACE	1	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		nite		D (write the word)	May 2, 1937	
_	If married, widowed, or divo	orced	0		(Month) (Day) (Yea	r)
_	HUSBAND of (or) WIFE of	· tree tree			22. I HEREBY CERTIFY, That I attended deceased	> -
6.	DATE OF BIRTH (month, de	y, and year) Ma	y 2, 19	37	I last saw h alive on, 19; deeth i	-
	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, etm.	
		1 Born		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	9 Trade profession or particular				The Bow	
UP	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			9		
000	10 Date deceased last wor	rked at		ime (years)	man land	
	year)		occ	upation	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)	Oaklan Garret	t Co.,	Md.	Other Countries of Amportance.	
ER	13. NAME Leonar					
FATHER	14. BIRTHPLACE (city or to	McHer	ry,		Name of operation	
	(State or country)		tt Co.,		What test confirmed diegnosis? Was there an autopsy?_	
HER	15. MAIDEN NAME Tda		Mersing		23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	Crell Garre	tt Co.,	Md.	Accident, suicide, or homicide?	
17.	INFORMANT Leons (Address) Crell				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR R		Date May	3, ,19 37	Manner of injury	
19.		pert C.	Leighto	on	24. Was disease or injury In any way related to occupetion of deceased?	
20.	FILE May 2	,37	Julia.	Rowan	(Signed) N. & Paraulualua	M. D.
				Registrar.	(Address)	

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Exa	mple I	11	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MIN 7 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU	19		
	The same of the sa			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			^	

1 D W C Farm 0

D. V. S. Form 2	STAN	DARD CERTI	FICATE
MARYLAND	养养 排	##### State	Departme
1. PLACE OF DEATH			
County Garrett			District
Town or City Shert	Run		No
	NAT 11 - 14	(If death occurr	
1a. PLACE OF RESIDENCE: S	STATE CU	place of death)	Length of
County Minera		place of death)	District
Town or City 13.4	leng	ton	No.
Myrtle	Duckwo	rth	140
2. FULL NAME 11.71 020			
PERSONAL AND STATIST	TCAL PARTIC	CULARS	
3. SEX 4. COLOR OR RAC			21. DAT
Female White	er Div	delige ffe mord)	(mon
			22. I HE
5a. IF MARRIED, WIDOWED, OR DI Husband of			1937
	kworth	00%	on Mes
(month, day, and year)	18, 18		date state
7. AGE Years Months	Days 22	IF LESS than 1 day,hrs.	The princ
40	22	ormin.	D
8. TRADE PROFESSION or parti	cular	Words	20
kind of work done, as spinner sawyer, bookkeeper, etc. 9. INDUSTRY OR BUSINESS, in	nouse	e Work	
work was done, as slik mill, sa	which	tobburbic serv	00
mil, bank, etc	KED 11. TO	TAL TIME (years)	
at this occupation (month and year)		ent in this	Other o
12. BIRTHPLACE (city or town) Bu			
(State or Country) West	Virgin	ia	
	-		Name of
		ton	What test
14. BIRTHPLACE (city or town) (State or Country) West	MITTING TO THE	0011,	23. If des
7	e Brown		Accident,
			Where die
5 16. BIRTHPLACE (City or Town)	Greenla	nd,	THE STATE OF
West	Virgini	.8	Specify w
17. INFORMANT Mee Rawli	ngs,	******	
(Address) Tourel Dale	W.Va.		Manner o
Place	Mey,	12 37	Nature of
	117	6-10-01	24. Was
19. FUNERAL PIE IGTOR, (SWing West, (Address))	Licer	ise No. 289	mil
			(Signed)
20. FILED 57// , 1937 A	13 /3 (2)	Registrar.	(Address)

epartment of Health	142
108	Registered No.
District	(Dist. No)
No.	Street
	ive its name instead of street and number)
ength of residence where d	eath occurred yrs. mos. ds.
District	(Dist. No)
No.	Street
/1	and Mandatanada Class I No.
	ezi Registrar's Seriai No)
	RTIFICATE OF DEATH
21. DATE OF DEATH (month, day and year)	May 10 37
22. I HEREBY CERTIFY, That	t Lattended deceased from May 9
1937 to May 10	1922, I iast saw have alive
on man 1091 103	
/ 7.4	2. death is said to have occurred on the
date stated above, at Q Q	nd related causes of importance
were as foilows:	Date of onset
Lotes Aneu	5-/4/32
20 Jan Juli	mona 0/7/0/
Other contributory causes of	importance:
	3 4 7
Name of operation no	Date of
What test confirmed diagnosis	Ol Sean
	i causes (violence) fili in also the following:
Accident, suicide, or nomicide t.	Date of injury 19
Where did injury occur?	ecify City or Town, County, and State)
Specify whether injury occurred	d in industry, in home, or in public place.

Manner of injury	
Nature of injury	
24. Was disease or injury in ar	ny way related to occupation of deceased?
Mulf so, specify	20-
(Signed)	Tisso M. D.
(Address)	in the los
(Address)	000,1112

OF DEATH

5486

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

1915 1921 15, 1927	of importance in order of onset were as follows: Attack of epilepsy Run over by street car	1 week ago 1 week ago
		1 week ago
5. 1927		
5, -5	Peritonitis	3 days ago
	Contributory causes of importance not related to principal cause:	
	Influenza	6 weeks ago
3, 1927		
3	, 1927	Influenza

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

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	Every	PHYSICIANS shoul	ement
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STATE OF MARYLAND—CERTIFICATE OF DEATH

O.	DEATH	U	2	0

1. PLACE OF DEATH			186-0		
County Gatrett				Registration Dist. No.	166
Village or City C rellin	, Md.		No.	76757777777774747474777777777	St.,Ward
Length of residence in city or town who	ere death occurred	(II yrsmos	death occurred in a hospital or institu	thon, give its NAME instead of of foreign birth?yrs	street and number)ds.
2. FULL NAME Florence					
(a) Residence: No	(Usual place		St., Ward.		***************************************
PERSONAL AND STATIS			MEDICAL C	If nonresident give city or ERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	4	193 7
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Albert .				(Month) (Oay) Y CERTIFY, That I	(Year)
			_	1934 to May	193.).
6. DATE OF BIRTH (month, day, and year) S	eptember Oays	, 26, 185	to have occurred on the date state		_, 19.3_7; death is said
58 7	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ret	inch	Peron chita) ,	Oate of onset (Nay 1-5)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	SAWYER, BOOKKEEPER, etc				
10. Date deceased last worked at this occupation (month and year)	spe	time (years) ent in this upation			
12. BIRTHPLACE (city or town)Mary (State or country)	land,		Other Contributory Causes of importante of the Alexander of Alexander of the Alexander of t	in snexult of acc	
13. NAME James Willi			January	- Detrouse - Stay Jan	
13. NAME JAMES Willi 14. BIRTHPLACE (city or town)	ıryda nd,		Name of operationWhat test confirmed diagnosis?	h.D.a.O.	Oate of
# 15. MAIDEN NAME Lucinda			23. If death was due to external cau		
16. BIRTHPLACE (city or town)	ryland,		Accident, suicide, or homicide?	Zecident: Oate of inju	
17. INFORMANT Mrs. Myrtle (Address) Crellin			Specify whether Injury occurred in	(Specify city or town, coun	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Swanton Cem.		. 2 6th,33	Manner of injury - Accident	tal fall.	
19. UNOERTAKER Emroy D. B. (Address) Oakland		D ,	24. Was disease or injury in any w	vay related to occupation of dec	mes
20. FILED/127 5, 1937	Julia	Registrar.	(Signed) (Address)	MILLIAMENIA	M. 0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	EDI	Example II	
The principal cause of death and related causes of importance were as follows:	Date of paset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1. 5 7921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Particular Selection (1997)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5488
1. PLACE OF DEATH	(159)
County & aulty	Registration Dist. No. 164
Village or City Ceccles	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Margaret ann	Raman
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Memale 4. COLOR OR RACO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 15 193 (Year)
5a. If married, widowed, or divorced HUSBANO of	22. A I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	22. THEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 15 1937	Hast saw h. Telive on Hay 15 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.130.1m.
1 day, 4hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	I remalue berla valorione
S. Hade profession, of particular, wind of work done, as SPIANRE, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spent in this	
year) occupation (month and spent in this	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Other Community Canses of Importance.
(State or country)	
13. NAME Value Games 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 6 CLASS Complete 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Maldet Han	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Cool ent had)	a specify michigary security in 110 507111, in 110 mile, of in 1 50210 12402.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clean Date 6 , 1932	Nature of injury
19. UNDERTAKER ONM Allintaleys	24. Wes disease or injury in any way related to occupation of declased?
(Address) you trulle that	If so, specify
20. FILED May 16 193? A Problem	(Signed) M. D.
Registrar.	(Address) By Mustevale Ma:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	D.A.A. Property of the Control of th		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:		causes	Date of onset
Arteriosclerosis	1915	Attack of epi	lepsy · A OVANOS		1 week ago
Chronic interstitial nephritis	1921	Run over by			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1861 \$ NOC		3 days ago
			BECFIAFO		
Other contributory causes of importance:		Other contr	ibutory causes of importance:		
Gallstones	May 1,1923	Gastroenterit	is		1 year

(Address) ...

OCCUPATION plnods SICIANS statement PERMANENT DEATH OF ormation CAUSE

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic services for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EXAMPLE I		EXAMPLE II	DELLE C
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:	
Fracture of arm		Influenza	6 weeks ago
Automobile accident	May 3, 1927		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5490
County Jakeet Lounty -	Registration Dist. No. / 7 0
Village of city (Wyllow)	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Ubele	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	Ot Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 18 7 - (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Callermel Joels -	22. 1 HEREBY CERTIFY That I attended deceased from
A) 12 12 C3	1940 - 1937 to May 10, 1937
6. DATE OF BIRTH (month, day, and year) Dec. [2, 185] 7. AGE Years Months Days If LESS than	I last saw by Malive on May 18, 1937; death is said to have occurred on the date stated above, at 12,300 m.
83 - 4 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Farmely -	george sardige 2 days
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	aliaxalion 1
O To. Date deceased last worked at this occupation (month and 2 48 4 spent in this D	Chronic endocaditis Duration: Unknown.
year) a you - oc-upation well w	Diber Coatributory Causes of importance: Con Great and
12. BIRTHPLACE (city or town) Jakel Co. 1874-	Gramvoors of 1
(State or country)	post per 107 think
13. NAME I lorge Hetz	artery arterio
14. BIRTHPLACE (city or town) Durany (State or country)	Name of operation COLO # O Date of
# 15. MAIDEN NAME Martha Fisher	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was dua to external dauses (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
[16. BIRTHPLACE (city or town) Ly lamany (Stata or country)	Where did injury occur?, 19
17. INFORMANT Charles Bulley Barke 1 to Co. Mod.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Mt 3 con Date May 13, 1932	Nature of injury
19. UNDERTAKER Thim Minterburg (Address) Grantwille Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 2, 1937 Lev. B. Brown.	(Signed) (Andress) (Andress) (Andress)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	-nll	Example II	
The principal cause of death and related of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUI	- 1931	Run over by strect car	1 week ago
Cerebral hemorrhage	Julus, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
FATU				

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	0	/	2

1. PLACE OF DEATH		(3)	
County Gasrett		Registration Dist. No./69	
Village or City Sunn	(If	If death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residance in city or town whare	daeth occurredyrs,mos	sds. How long in U.S. if of foraign birth?yrsmos	ds.
2. FULL NAME Comm	a forise fu	Lekson If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man (Day) 193.7 (Month) (Day) (Year	r)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lovers	& Jackson	22. I HEREBY CERTIFY, That I attended daceased	from
6. DATE OF BIRTH (month, day, and year)	nar 17 1860	I last saw hand alive on 11 alive on 1937; daath is	sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
76 11	1 day,hrs.	weet to fellow the CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		mere as 1010WS. Date of o	nset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Laure Work	- Charles and the same	
kind of work dona as SPINNER, SAWYER, BDDKKEEPER, etc		Christia hyphralia 18	1
10. Date deceased last worked at	11. Total time (years)		
o this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	K	Other Contributory Canada of Amportance;	les
(State or country) West	- Verginia	1:	23.1
13. NAME Heury C	lem		1
13. NAME Newry (Name of operation Date of	
(Stata or country) Wes	turqueia	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME M Que	aville	23. If death was due to external causes (VIDLENCE) fill in also the following:	dell
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19	
(State or country) West	Virginia	Where did injury occur?	
17. INFORMANT Cattle for	ksou	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE.	
Place A STATE OF PLACE OF PLACE OF PLACE OF THE PLACE OF	a. Date May 3 , 1937	Mannar of injury	
19. UNDERTAKER O. 3. Sharp (Addrass)	less w. Ug	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED May 2 , 1937 MM	J. C.a. ahlag Registrar.	(Signed) A A A A A A A A A A A A A A A A A A A	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 26 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

X	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	RECORD. Ever	. PHYSICIAN	Exact statemen	
BINDING	PERMANENT	EXACTLY	ly classified.	ate.
MARGIN RESERVED FOR BINDING	K-THIS IS A	nould be stated	may be proper	back of certific
ARGIN RESE	NFADING IN	oplied. AGE sl	erms, so that it	instructions on
R	VLY, WITH U	e carefully sug	ATH in plain t	nportant. See
1	WRITE PLAT	nation should b	CAUSE OF DE	TION is very important. See instructions on back of certificate.

	S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH	191
1	L PLACE OF DEA	TH				1
	County Gare	t.t.			93°C	0
-			nd, Md.		Registration Dist. No. 1 9	
	Village or City		in a made	(H)	ND. St.,St.,Step death occurred in a hospital or institution, give its NAME instead of street and r	Ward
8	Langth of rasidance In ci	ity or town whare d	laeth occurred	yrsmos	ds. How long in U.S. if of foraign birth?yrsme	sds.
L,	2. FULL NAME	Thomas I	Allen Net	thken.	If U. S. Veteran, specify WAR	
	(a) Residence: No.		and, Md.		St. Ward.	
	(a) hesidelice. No	VANI	(Usual place of	abode)	If nonresident give city or town and	State
	PERSONAL AN	D STATIST	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	Male Wh	R OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH MAY 8	, 193.7
5a.	If married, widowed, or dive	orced Mont	ha Nethk	on		(1)41)
	(or) WIFE of	rly metre	na Ne tiin	retr.	22. I HEREBY CERTIFY, Thet I attended	decaasad from
6.	DATE OF BIRTH (month, day	y, and year) Ma	y. 25th	1844	I lest saw h elive on men 8 , 19 37	; deeth is said
7.	AGE Years	Months	Days	If LESS than	to heve occurred on the dete stated ebove, at 12.35 Lm.	
	92	11	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z	8. Treda, profession, or pr	articular	1 4 01		400 43 1010113.	Date of onset
OCCUPATION	kind of work done, SAWYER, BOOKKEE	PER, etc	cetired of	armes	1	
PA	9. Industry or businass in work was done, as \$	which	U		(les lles	
CC	work was done, as SAW MILL, BANK,		1		Characa Myoradee	
0	1D. Date dacaased last wor this occupation (mo	nth and		in this		
_	yaer)		occupe	etion	Dthar Coutributory Causes of Importanca:	
12.	BIRTHPLACE (city or town)	Gran	tsville,			
~	(Steta or country)		Md.			************
FATHER	13. NAME Ad	lam Neth	ken,			~~~~~
ATI	14. BIRTHPLACE (city or to	wm) Ger	many.		Name of operation Dete of	
-	(Steta or country)				What test confirmed diagnosis? Was there an a	utopsy?
MOTHER	15. MAIDEN NAME Sa	llie Br			23. If daeth was due to externel causes (VIOLENCE) fill In elso the following	:
OTF	16. BIRTHPLACE (city or to	Garr	ett Coun	ty	Accident, suicide, or homicide? Dete of Injury	
Σ	(Stete or country)				Where did Injury occur?	
17	INFORMANT Nelso	on Nethk	ren		(Specify city or town, county and State Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e)
17.		lakland.				IVE.
18.	BURIAL, CREMATION, OR R	REMOVAL			Manner of injury	
	Place Oakland	Cem.	Date May	10th: 37	Nature of Injury	
10	UNDERTAKER EMPOY	D. Bol	den		24. Wes diseasa or injury In any way related to occupation of daceasad?	
19.	(Addrass)	0ak1			If so, specify	~~
	5-9-	1937	· O. i.		(Signad) n. I. The acet water	M P
20.	FILED 5-9-	190	har is	Registrar.	(Address) Oass Land my	(

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of impercance: Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYLICAN	> .

V. S. No. 1

1	L PLACE O			F MAR	YLAND-	CERTIFICATE OF DEATH
					No. Barre	Decidential District
	Village or C	Marre.	indox			Registration Dist. N
	8		ay or town whole de	atti occorrou		Registration Dist. P No. f death occurred in a hospital or institution, give its NAME instea ds. How long in U.S. if of foraign birth?
2	(a) Residen	ME ce: No	-Cha-rles-	Crvin-Pa	of abode)	If U. S. Veteran, specify WAR
palestone	PERSON	IAL AN	D STATISTIC			MEDICAL CERTIFICATE OF
3.	male	4. COLO	R OR RACE white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH May 12 (Month)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	orced			22. I HEREBY CERTIFY, Th
_	DATE OF BIRTII (y, and yeer) May Months	y 12, 19 Days	If LESS than I day,hrs. ormin.	l last saw h alive on to have occurred on tha dete stated above, at m The PRINCIPAL CAUSE OF DEATH and related causes of imwere as follows:
OCCUPATION	9. Industry or work was SAW MIL 10. Date dacease this occur	vork dona, BOOKKEE business ir s dona, as S L, BANK, o ed last wor pation (mo	as SPINNER, PER, etc which SILK MILL, etc	II. Total t	ima (years) nt in this upation	Stillborn
12.	BIRTHPLACE (cit	ty or town)	Vinde		apation	Other Contributory Causes of Importance: premature
E E	13. NAME C	narle	s Leroy Pa	augh		
FATHER	14. BIRTHPLACE (State or	(city or to	wm)Vinder			
HER	15. MAIDEN NA	ME B	essie V. I	Kitzmill	er	23. If death was dua to external causes (VIOLENCE) fill in als
16. BIRTHPLACE (city or town) Harrison (Stata or country) W Va					Accident, suicide, or homicide? Date of Where did Injury occur?(Specify city or town,	
	(Address)		Vindex.	iend Md.		Specify whether injury occurred in INDUSTRY, in HOME, or
18.	BURIAL, CREMAT					Manner of Injury
	Placa_neal	rVin	dex	DateMay	12, 19.37.	Nature of injury
19.	UNDERTAKER (Address)	C	harles Le	roy Paug	h (father)	24. Was disease or injury in any way related to occupation of

L. C. Bray

May

20. FILED ...

1519

37

5492

Registration D	tiet No. 172
Nodeath occurred in a hospital or institution, give its NAMEds. How long in U.S. if of foraign birth?	
If U. S. Veteran, specify WAR	
St., Ward,	
	ive city or town and Stale
MEDICAL CERTIFICATE	OF DEATH
21. DATE OF DEATH May (Month)	2, 1937 (Day) (Year)
22. I HEREBY CERTIFY	, That I attended deceased from
, 19, to	, 19
1 last saw h alive on	; death is said
to have occurred on tha dete stated above, at	
The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance Data of onset
Stillborn	
Other Contributory Causes of Importance:	
premature	
0 ,	
Neme of operation	, , , , , , , , , , , , , , , , , , , ,
Whet test confirmed diegnosis?	
23. If death was dua to external causes (VIOLENCE) fill	
Accident, suicide, or homicide?D	
Where did Injury occur?	
(Specify city or to Specify whether injury occurred in INDUSTRY, in HOM	
Manner of Injury	
Nature of injury	
24. Was disease or injury in any way related to occupat	ion of deceased?
(Signed) R. O. 17 May	Ival Reg. M.D.
(Address) Kily will	
2411 N. Charles Street, Baltimore, Realisting T. S. No. 1	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial deposities	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
180 ca 1831			
Other contributory auses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
- 434			

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(B))
County Garrett	P C C C C C C C C C C C C C C C C C C C	Registration Dist. No. 169
Village or City Deer Park	, Md.	Ma '
Length of residence in city or town where	death occurred 78	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Almira		
		If U. S. Veteran, specify WARSt.,Ward.
(a) Residence: No. 110 170 1	(Usual place of abode)	St., ward, If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERFIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) M8	y 4, 1859	I last saw hours alive on
7. AGE Years Months	Days If LES	
78	1 1 or	ACT KINCIPAL CAUSE OF DEATH and related Gauses of Illiportance
8. Trade, profession, or particular kind of work done, as SPINNER, HOSAWYER, BOOKKEEPER, etc.	ouse Work	30 47
9. Industry or business in which		All the second second
work was done, as SILK MILL, Ho		
(iii occupation Entolitii anti 7 1	11. Total time (years) spent in this	yr man delicity
/	t occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) R. D. (State or country) Garre	tt Co. Md.	The "tumor of liver" was non-molignost mot
		Canerouse Center.
13. NAME James E. Paug 14. BIRTHPLACE (city or town) Garr (State or country)	ett Co., Md.	Name of operation
Is. MAIDEN NAME Isabell B	nlow	What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external ceuses (YIOL ENCE) fill in also the following:
15. MAIDEN NAME Isabell H 16. BIRTHPLACE (city or town) Garre (State or country)	ett Co., Md.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Charles Task (Address) Deer Park, A	rer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Tasker Cemeter	YDate May 16,	377 Nature of injury
19. UNDERTAKER Herbert C. I	eighton	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Oakland, Md.	DIA	If so, specify
20. FILED 5/1/ 19 37//	no Televille	(Signed) M. D.

V. S. No. 1

B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	nple J	- milli	Example II	
The principal cause of death of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WN 7	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis		1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	II REIREAU	July 5,1927	Peritonitis .	3 doys ago
			·	
Other contributory causes of	importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

STATE	OF	MADVI	AND-	CEPTIE	CATE	OF	DEATH	
SINIL	OI	MIVILI	AIYU	CLIVIII	ICAIL	OI	DEATH	
	1 4							

5494

ASTATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59/
County Starrell	Registration Dist. No. 163
Villelan Guanton Ind	_No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Joseph applie 5 Dl.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MANY COLOR 6 1810	all If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
finale white OR DIVORCED (write the vold)	may 3 193 7
5. If married, wide ed, or divorced.	(Mono) (Day) (Year)
(or) WIFE OD. Coll. Rhomes	22. I HEREBY CERTIFY, Thet I ettended deceased from
1079	1/404/240 ,10) 10 Meg 254 ,103)
6. DATE OF BIRTH (month, day, and year) Note: 20 - / 8/ L	I last saw harman alive on Men 192, 192, death is said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, atm.
64 6 17 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	(Neobetens) / telle
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	La a-t Const
11. Total time (years) this occupation (month and spent in this	(X/Lobelia Cont)
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Near Blooming Lon	Other Contributory Causes of importance:
(State or country) Mode	
13. NAME William Rhodes	
13. NAME William Rhodes 14. BIRTHPLACE (city or town) rear Bloomington	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 30 mg/s	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
5 16, BIRTHPLACE (city or town) / 3 Company	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs End / Elivas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Suanton hu	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vivanton in & Date May 1 , 193]	Nature of injury
19. UNDERTAKER W. S. Gredlog	24. Was disease or injury in any way related to occupation of deceased?
(Address) Puldment WV4.	If so, specify
20. FILED May 6 1987 Dorsey Pattison	(Signed) M. D
Registrar.	(Address Jacque to My
If more blank are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

See instructions on back of certificate.

TION is very important.

B.—WRITE PLAINEY

1. PLACE OF DEATH			(Article Control of the Control of t		
County Garrett			Registration Dist. No. 4	71	
Village or City Near Swa		(If	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and no. ds. How long in U.S. if of foreign birth? yrs. mos	Ward wmber)	
2. FULL NAME Cephas	Wilt.		If U.S. Veteran specify WAR		
(a) Residence: No. Swanton		D abode)	St., Ward, If nonresident give city or town and S		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX Male 4. COLOR OR RACE white	5. SINGLE, MARI OR DIVORCED Wido	RIED, WIDOWED,) (write the word) Wed	21. DATE OF DEATH May 22 (Month) (Day)	1937 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed	za Viigin May II	is Darr	22. I HEREBY CERTIFY, That I attanded d May I5 ,19.37, to May 22 I last saw h im aliva on May 21 ,19	, 1937	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 8 I	Days 11	If LESS than I day,hrs.	to have occurred on the data stated ebova, at	Date of onset	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	5 spen	me (years) nt In this 60 pation	Lobar Pneumonia., May Other Contributory Causes of importance: Cardio Renal Disease.	T7193	
	hington	Wilt	, and the nation of the same o	1925	
[4. BIRTHPLACE (city or town)Vir	ginia		Name of operation Date of What test confirmed diagnosis? Was there an au		
15. MAIDEN NAME Eliza Anne Wilt 16. BIRTHPLACE (city or town) Garret Co Ma (State or country) 17. INFORMANT Mrs Perry Wilt			23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL	Swanton Legie & 2	1 Md 4,1932	Manner of injury		
19. UNDERTAKER Allem Allems (Address) y messee 20. FILED May 24, 1937	le de de	En very	24. Was disease or injery In any way related to occupation of deceased? If so, specify (Stenad) (Address) Redecease (Address)	M. D.	

If more blanks are needed, address State Registrar, 2411 D. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days dgo	
Other contributory causes of importance:	,	Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	